Briefing Paper

The Socioeconomic Impact of HIV/AIDS in the Socialist Republic of Viet Nam

Prepared by the POLICY Project in collaboration with the Community of Concerned Partners, Viet Nam

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POLICY

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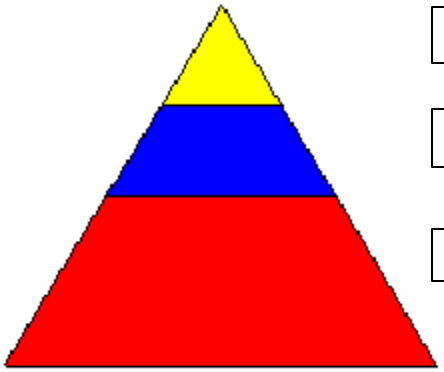
The epidemic in Viet Nam. Several countries bordering Viet Nam have experienced rapid increases in HIV infection rates in the last few years. During the 1990s, the HIV/AIDS epidemic also expanded quickly in Viet Nam. As of April 2003, Viet Nam had recorded 64,801 cases of HIV infection. However, it is estimated that a more realistic figure is somewhere between 150,000 to 200,000 (see Figure 1).

Figure 1. Reported Cases and Estimates of AIDS and HIV Infections



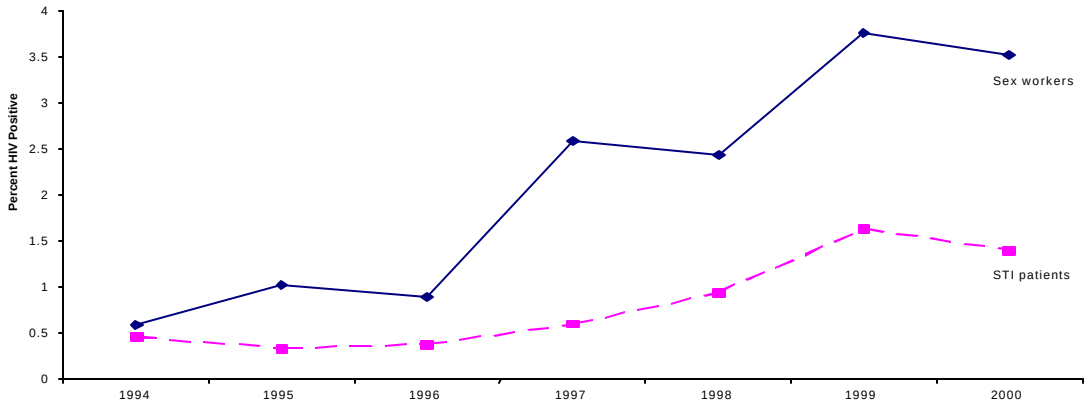
10,000 reported cases of AIDS

64,801 reported cases of HIV infection

Estimated number of HIV infections between 150,000–200,000

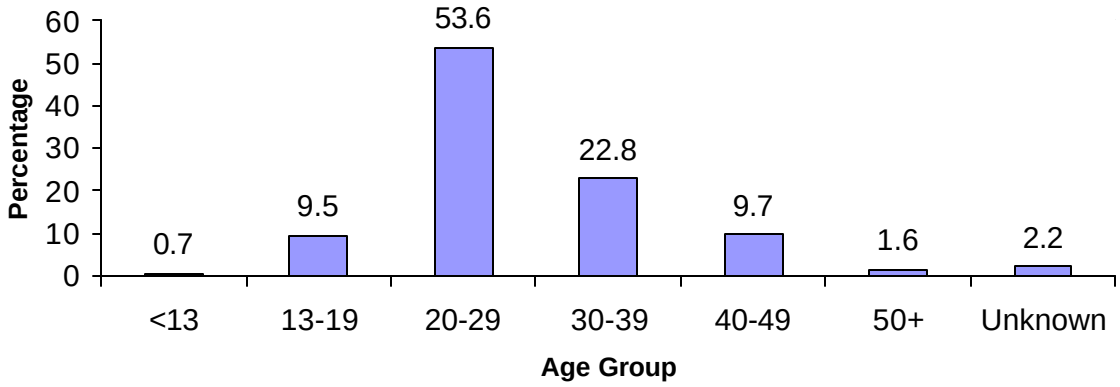
The major factors causing the epidemic include injecting drug use, a thriving commercial sex industry in which condom use is not the norm and sex workers are targeted with punitive actions rather than monitored for health problems, frequent population migration, substantial sexual links between drug users and other communities, limited public discussion of HIV/AIDS, and pervasive stigma. The HIV/AIDS epidemic in Viet Nam is still in the "concentrated epidemic" stage, a country is assumed to have reached a generalized epidemic when HIV prevalence reaches 1 percent or greater in the general adult population (age 15–49 years).

Figure 2. HIV Prevalence in Sex Workers and STI Clinic Patients, Viet Nam 1994–2000



The disease has spread rapidly in specific subpopulations, particularly among injecting drug users (IDUs), sex workers (see Figure 2 above), and males who have sex with males (MSM); however, it is not yet well established in the general population. However, the current status of the epidemic does not mean that it is compartmentalized or restricted to these groups. Active networks of risk within and among these subpopulations and the general population will determine the epidemic's future course.

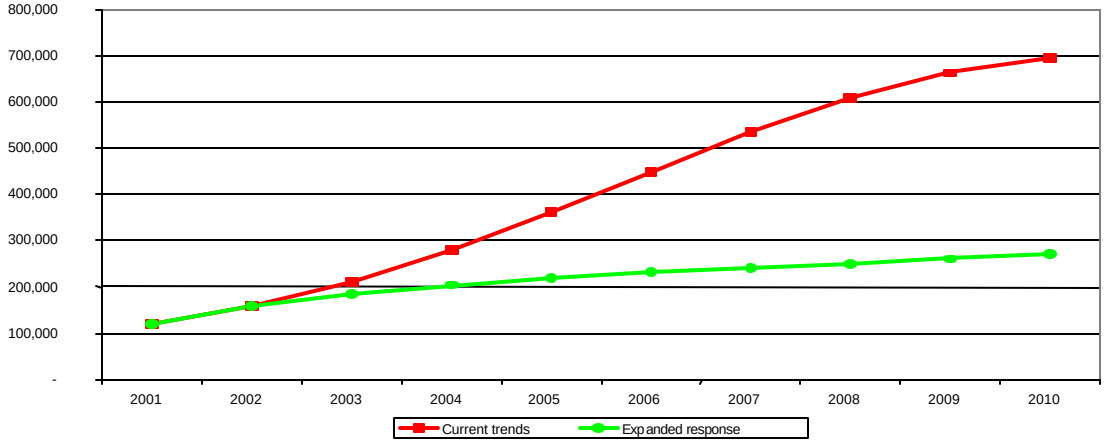
Figure 3. HIV-Infected Cases Distributed by Age Group



Signs of increasing momentum and spread into the general population are already evident. All of Viet Nam's 61 provinces have reported HIV cases since 1998, and 12 provinces/cities have each reported more than 1,000 HIV infections. Current adult HIV prevalence is increasing rapidly (see Figure 3 above for HIV-infected cases by age group). Prevalence rates among pregnant women more than doubled over a period of just two years, from 0.19 percent in 2000 to 0.39 percent in 2002. In Quang Ninh Province, the rate among pregnant women tested at antenatal clinics is currently 1.25 percent. The prevalence rate among military recruits increased almost 29 times in five years, from 0.04 percent in 1996 to 1.17 percent in 2001.

Figure 4 depicts future projections of the epidemic in Viet Nam, based on estimates determined by country representatives using the GOALS Model (Regional GOALS Workshop, Bangkok, Thailand, December 2002). The "current trends" line assumes no significant expansion of current response efforts, whereas the "expanded response" assumes nearly full coverage of all prevention interventions. According to this estimate, an expanded response could avert more than 400,000 HIV infections in Viet Nam by 2010.

Figure 4. Number of People Living with HIV/AIDS



Social and economic impact. HIV/AIDS affects social and economic development at many levels: individual, household, community, business, governmental, and macroeconomic. When a person becomes sick with AIDS, his or her family faces increased expenditures for care and often has to sell productive assets. Other family members may need to stay home from school or work to provide care. When the person dies, the resulting loss of income can push nonpoor families into poverty.

Substantial macroeconomic effects could occur if the epidemic becomes much worse. Deaths to productive workers and increased costs of health care, recruitment, and training can seriously erode profits and reduce international competitiveness; however, these effects may not be substantial if the epidemic can be contained. The gap between funds available in 2003 from all sources and those needed for a comprehensive program of prevention, care, and treatment in the year 2007 is estimated to be as much as US$178 million.

Children often suffer the most when a parent dies from AIDS. They not only lose the love and support of a parent but may miss school or fall behind. The loss of educational opportunities can permanently hinder future employment prospects. The number of infants infected at birth in Viet Nam was 2,838 in 2001, the estimated cumulative number of children living with HIV-positive parents was 263,364 (2001), which includes 20,000 who had lost a parent to AIDS. As HIV/AIDS moves through families, killing parents and leaving elderly grandparents as primary care providers, some children or adolescents become the head of household. Others leave abusive or destitute situations to fend for themselves. Growing but undocumented numbers of street children reside in neighboring Phnom Penh (Cambodia) and major cities elsewhere in Southeast Asia.

HIV/AIDS-related stigma in Viet Nam is pervasive and deeply entwined with HIV risk behaviors. The relegation of these behaviors to "social evils" has become a major impediment to developing an enabling environment conducive to providing prevention and care to the most vulnerable subpopulations and remains a significant obstacle to effective drug policy, especially harm reduction programs.

The health sector is affected by the growing HIV/AIDS epidemic in several ways. There is an increased demand for health services, both to provide care and treatment for those who are

infected and to support prevention efforts. Health sector expenditures related to HIV/AIDS care and prevention are likely to increase 20-fold in the next 10 years. The additional expenditure and attention to HIV/AIDS can reduce the resources available for other health priorities.

Viet Nam currently spends approximately 10 percent of its total budget for HIV/AIDS on care and treatment; in comparison, Thailand spends 65 percent. Access to life-prolonging antiretroviral therapy in Viet Nam is extremely limited. Currently, 50 people with HIV are provided these treatments. While providing treatment can increase costs in the short term, Brazil and other countries with comprehensive treatment access have demonstrated that substantial savings will accrue through reduced burden on the health sector and diminished disruption to the economy as people remain healthy and productive.

There is a clear need for urgent action:

HIV-prevention interventions are highly cost-effective. A comprehensive prevention program based on the best practices from the region could avert two-thirds of the infections that might otherwise occur in the next seven years.
Provision of care and treatment for people living with HIV/AIDS (PLWHA) is essential and affordable.
Mobilization of human and financial resources via a coordinated multisectoral and policy response is key to preventing long-run economic devastation.
Increased support of PLWHA is necessary to include people affected by HIV/AIDS and vulnerable groups in policy and program dialogue crucial for the design of high-quality, user-friendly services, and the reduction of HIV/AIDS-related stigma.
An in-depth assessment of social and economic impacts of HIV/AIDS is essential to national development plans and poverty-reduction strategies.